Overdose Fatality Review (OFR) Stark County 2020 : Annual Report

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"Striving Toward a Healthier Community."

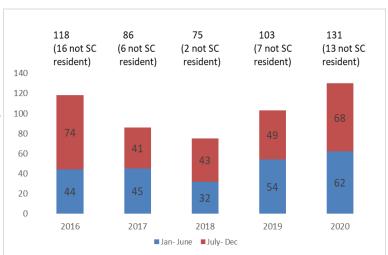
Unintentional Overdose

In 2020, the Overdose Fatality Review (OFR) committee met quarterly and reviewed all of the 2020 Unintentional Overdose deaths that occurred in Stark County. Data was collected from the coroner's reports, death certificates, and Stark Criminal Justice Information Systems. All data is public record, and is reported aggregately due to confidentiality laws. There were 131 overdose deaths in Stark County in 2020. Stark County had seen a decline in the number of overdose deaths since 2016. However, in 2019 overdose deaths increased by 37% (correction 2019 report) from the previous year, and in 2020 there was a 75% increase from 2018 (See Figure 1).

The OFR committee is comprised of members from Public Health, Mental Health, Addiction Services, Coroner's Office, Physicians, Hospitals, and Law Enforcement. The goal of this team is to decrease overdose deaths in the community. It is the hope that with a comprehensive review of available data that recommendations can be made to identify opportunities for reducing opiate related deaths and overdoses, as well as help to increase community awareness surrounding this issue. The OFR committee developed and voted on the recommendations listed in Figure 10 on page 5 of this report.

The OFR committee has helped to target OHAgainst OD ads in high incident zip codes and urban areas (see at the bottom of this page). The ads were distributed via social media and displayed with posters in community partner agencies within Stark County. Using OFR data, the committee was able to provide several pop up naloxone distribution sites in the 44707 and 44646 zip codes.

Figure 1: Stark County 5 Year Comparison of OD Deaths



Drug Overdose Prevention (DR21) Grant

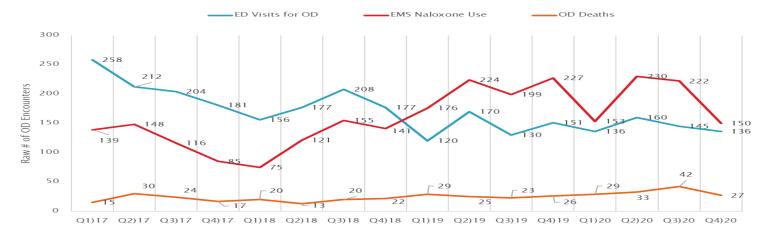
The DR21 grant began in September 2020. This grant was awarded to the Stark County Health Department (SCHD) from Ohio Department of Health (ODH). The main strategies of the grant are:

- 1. Participation in the Stark County Opiate and Addiction Task Force
- 2. Data and Information Gathering
- 3. Implementation of an Awareness Campaign

The grant helped to fund an awareness campaign. The ad to the right is an example of the education regarding the lethality of fentanyl and drug combinations. The ad also encourages people who use to carry naloxone, never be alone and call 911.

This grant will continue until August 31, 2021 and has been renewed for the next year.





Tracking non fatal opioid overdoses has continued to be a focus of the OFR team. The data above in Figure 2 was collected from the following sources: Stark County Coroners Office, EMS Incident Reporting System, and Ohio's EpiCenter. This data provides a comparison of overdose deaths, EMS administration of naloxone, and emergency department visits.

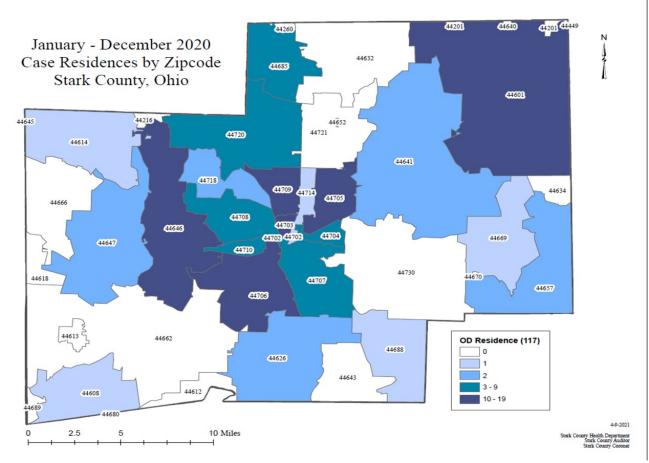
When looking at data from quarter 1 in 2019, more naloxone

was used with fewer visits to the emergency department, Figure 2. It is important to note that in the middle of 2019 the epicenter classifier which filters the ED visits at the state level changed to more specifically reflect OD visits in Ohio ED settings. SCHD monitors EpiCenter ED visits on a weekly basis and these reports can be found using the link below. http://www.starkcountyohio.gov/public-health/nursing-services/overdose-prevention.

OD Deaths by Zip Code

Figure 3: Case Residence by Zip Code





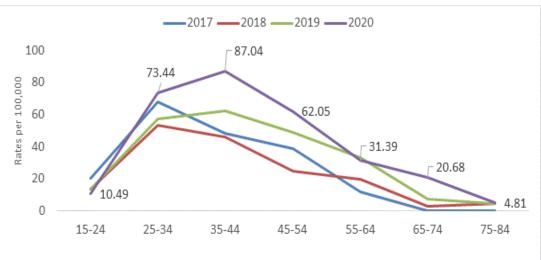
Stark County Demographics

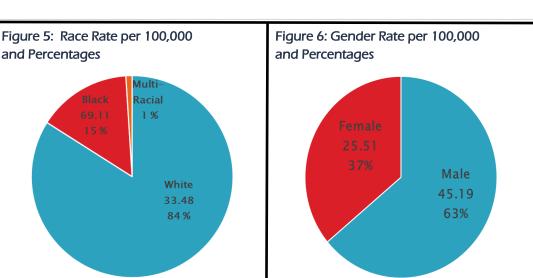
Of the overdose deaths that occurred in Stark County, the majority continue to be non Hispanic white males. The age group with the highest rate in previous years has been 25-34. However, in 2019, this age group shifted to be 35-44, with 25-34 being close behind. This continues to be the case for 2020. There continues to be an increase in the 65 and over age group when compared to previous years.

Another area discussed and tracked is race data. Figure 5, shows the percentage of total deaths by race, as well as the rate of death by race per 100,000 population. Although the highest percentage of deaths fall into the white category when looking at rate per 100,000 population, the black rates are significantly higher and have doubled since 2018. Multiracial decedents make up 1% of the deaths and there was one decedent who was Hispanic.

The majority of OD deaths have been male however, in recent years we have seen an increase in female deaths. The female death rate in 2019 was 20.4 as compared to 2020 the rate increased to 25.5.

Figure 4: Stark County Death Rate by Age Group





Strategic Plan Update—Stark County Mental Health & Addiction Recovery (STARKMHAR)

The strategic plan was updated by the strategic planning leadership committee and presented at the Opiate and Addiction Task Force meeting (OATF). The leadership restructured work groups by merging old groups and adding a new group, the innovation work group. The following is the overall goal of each work group:

Community Partnerships- The goals of the Community Partnerships workgroup are to promote task force membership, engage a more diverse group of community partners in Task Force activities, and increase community awareness of available resources.

Data- The Data group works to increase access to data, identifies gaps or areas for improvement, and mobilizes services based on identified needs.

Education & Advocacy- The Education & Advocacy workgroup deals with educational resources and training related to opioids, addiction, and related topics, assessing what is available in our community and looking for gaps that can be filled. The ultimate goal is to reduce stigma around addiction, establish standards for quality treatment,

and advocate for the diverse needs of those affected by addiction.

Innovation- The Innovation workgroup is concerned with harm reduction efforts including naloxone distribution and syringe exchange programs. Project DAWN sites and agencies with these programs are encourages to participate and share best practices and innovation strategies.

Figure 7: StarkMHAR Strategic Plan Work Group Structure



Identified Trends

Figure 8: Raw number/Percent of Decedents Positive for Opiates Drug Combinations

Drug Combination	Raw number/ Percentage
Opiate/Stimulant (Cocaine, Methamphetamine, Amphetamine)	62/47%
Opiate/Sedative (Benzodiazepam, Anticonvulsant, Gabapentin, Anti histamine, Phenobarbital, Lyrica, Alcohol)	60/46%
Opiate/Marijuana	25/19%

Figure 8, shows positive toxicology results for drug combinations of Stark County Overdose decedents. An opiate could represent prescription or illicit drugs. Drug combinations continue to be a high risk factor for overdose. Additionally, from 2012 all the way to 2018 the percentage of heroin/fentanyl present in the toxicology screens has steadily increased with a slight decrease in 2018 and 2019. However, the percentage of those decedents with Heroin/Fentanyl present has increased from 64% in 2019 to 76% in 2020. 18% of the 131 decedents in 2020 were non-opiate related overdose deaths, with one of those being an insulin overdose. In 2019, 25% of the 103 decedents were non-opiate related overdose deaths.

Figure 9: Illicit Drugs and Alcohol

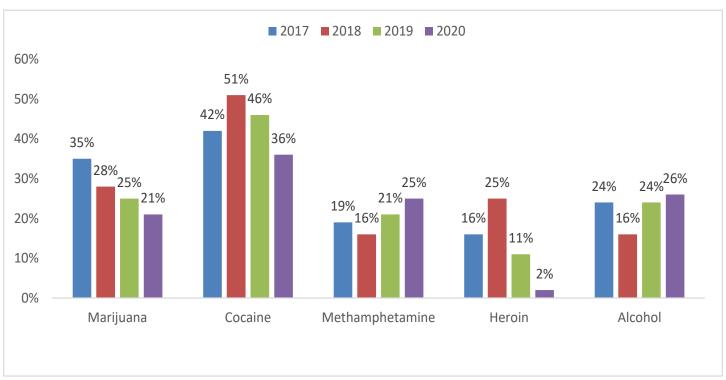


Figure 9, above illustrates the percentage of illicit substances and alcohol present in the 2020 unintentional overdose decedents. Marijuana has decreased steadily over the past several years. Methamphetamine and alcohol has steadily increased over several years while cocaine continues to decrease in the percentage of decedents testing positive. Heroin use continues to decrease while fentanyl/fentanyl analogs continue to increase in toxicology results (see Figure 8 description above).

Recommendations

Figure 10: OFR Recommendations

- The OFR committee encourages and supports the innovated distribution of naloxone through law enforcement, Project DAWN sites, jails, emergency departments, leave behind programs treatment centers, pop-up sites, syringe exchange program and mail in order.
- The OFR committee recommends the use of screening tools in both medical/dental provider's offices and emergency department's to screen for individuals who are at risk of or currently suffering from substance use disorders.
- 3. The OFR committee recommends implementation of a comprehensive referral system in the emergency department's which includes (peer support/harm reduction services).
- 4. The OFR committee recommends Medication Assisted Treatment (MAT) availability through emergency department settings within Stark County and continue MAT through jail settings.
- 5. The OFR committee supports the development/implementation of real time data tracking software systems focused on overdose information such as High Intensity Drug Trafficking (HIDTA) OD map and local dashboards.
- 6. The OFR committee encourages more access to treatment efforts and awareness programs related to addiction resources, educational materials and harm reduction services such as expansion of innovated treatment programs.
- The OFR committee recommends community based programs to address the racial and gender disparities among overdose victims.
- 8. The OFR committee recommends that local health departments, StarkMHAR, local government leadership, local law enforcement, EMS, Hospitals, the Coroners office, EMA and treatment centers participate in reporting increase overdose activity and actively participate in assigned roles when the Community Response Plan is initiated.
- 9. The OFR committee supports the efforts and initiatives of the Opiate and Addiction Task Force hosted by StarkMHAR.

Figure 10 above outlines the recommendations developed by the OFR committee. The recommendations were developed utilizing a variety of surveys, OFR data/trends identified from coroners reports, and the Centers for Disease Control and Prevention evidence-based strategies for preventing opioid overdose.

Comprehensive Sustainable System—Criminal Justice Setting

Developing a Comprehensive Sustainable System (CSS) within a criminal justice setting builds upon previous programming at the Stark County Jail. Efforts were made to link these systems and create a continuum of prevention, harm reduction and treatment access. Several components of the CSS were already in place, and gaps were identified as peer support referrals and naloxone distribution. Sustainability was considered in the strategy of training probation officers to distribute Narcan to participants. The second year of the grant, from September 2021 to August 2022, will focus on new components of the CSS, see Figure 11.

Figure 11. Infographic of Comprehensive Sustainable System Components

Screening (Tracking participant data) Referrals Harm Reduction Case Naloxone Peer Recovery Training/Kit Management **Treatment** Support (TASC) Distribution (CommQuest) Mental Health Transportation Wrap Around and Healthcare Refer to SWAP Housing Services Referrals Insurance

Stark County Resources

Opiate Hotline: 330-454-HELP (4357)

Community information, education, support and connection to services anytime.

Project SWAP (Needle Exchange Program)

Canton City Health Department- 330-489-3322

Treatment

Coleman Behavioral Health – Crisis Hotline- 330-452-6000
CommQuest Services – 330- 455-0374
Canton Detox and Recovery Unit - 330- 830-3393
Brightview Canton Addiction Treatment Center - 1-833-510-HELP
AVO Behavioral Health and Recovery - 330-331-7506

Project DAWN Sites

Alliance City Health Department— 537 E. Market St. 330-821-7373 ext. 13
Coleman Behavioral Health/Crisis Center— 242113th St. NW Canton 330-452-6000
CommQuest Services— 1341 Market Ave. N. Canton 330-453-8252
Stark County Health Department— 7235 Whipple Ave. NW North Canton 330-451-1678

Helpful Websites

Stark County Mental Health & Addiction Recovery (StarkMHAR): https://starkmhar.org/ Stark County Health Department:

www.starkcountyohio.gov/public-health/nursing-services/overdose-prevention **Take Charge Ohio**: takechargeohio.org



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References:

- 1. Death Statistics were from the Stark County Coroners Office, data was pulled from the Ohio Department of Heath's EpiCenter database Gender and Population data (death rates) was taken from the 2018 U.S. Census Bureau American Community Survey data;5year estimate
- 2. Ohio Department of Public Safety, Division of Emergency Medical Services, EMS Incident Reporting System
- 3. Ohio Automated Prescription Reporting System (OARRS) Ohio Board of Pharmacy

